

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

10-1720134

SL-30743

63-033503

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9064

FILED SEP 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **ST. LOUIS**

Length of stay in 1b  
**20 YEARS**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **MISSOURI** b. COUNTY

c. CITY  
OR  
TOWN **ST. LOUIS**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **VET ADM HOSPITAL**

Inside Limits  
Yes ☒ No ☐

d. STREET  
OR  
ADDRESS **5131 BOTANICAL**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
**GIUSEPPE NADO CARNAGHI**

4. DATE OF DEATH  
Month Day Year  
**SEPTEMBER 7 1963**

5. SEX  
**MALE**

6. COLOR OR RACE  
**WHITE**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
**8-19-87**

9. AGE (last birthday)  
**76**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**CITY EMPLOYEE**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**MILANO ITALY**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**ANGELO CARNAGHI**

13b. MOTHER'S MAIDEN NAME

**ANGELINE FORMANTI**

14. NAME OF HUSBAND OR WIFE

**Rose**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
**YES WWI**

16. SOCIAL SECURITY NO.

17. INFORMANT

**ANGELA CARNAGHI See 2 Above**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Congestive Heart Failure**

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause, last.

DUE TO (b)

**Arteriosclerosis, Coronary**

DUE TO (c)

**4201**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. attended the deceased from **8-31-63** to **9-7-63** and last saw her alive on **9-7-63**  
Death occurred at **12:45 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

**Karl Stecher, Jr.**

22b. ADDRESS

**M.D. VAH, ST. LOUIS, MISSOURI**

22c. DATE SIGNED

**9-7-63**

23a. BURIAL, CREMATION, OR REMOVAL (Specify)

**Removal 9-9-63**

23c. NAME OF CEMETERY OR CREMATORY

**Resurrection Cemetery**

23d. LOCATION (City, town, or county)

**St. Louis Co., Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Calcaterra Funeral Home, 5142 Daggett Ave.**

25. DATE RECD. BY LOCAL REG.

**SEP 9 1963**

26. REGISTRAR'S SIGNATURE

**Joan Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. Wm. Binkley*

Licensed Embalmer No.

*3653*

P. O. Address

*St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.